

EXHIBIT 5
9/28/12 ZAVIN DECLARATION
CASE NO. 12-4175-WHP

Form **LLC-5.5**
October 2009Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act
Articles of Organization**SUBMIT IN DUPLICATE**

Type or print clearly.

This space for use by Secretary of State.

Date: 9-8-2010

Filing Fee: \$500

Approved: [Signature]FILE # 030-398-6

This space for use by Secretary of State.

FILED

SEP 08 2010

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company Name:
- DBPOL LLC

The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P.

2. Address of Principal Place of Business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)

790 Remington BlvdBolingbrook, IL 60440

3. Articles of Organization effective on: (check one)

☒ the filing date☐ a later date (not to exceed 60 days after the filing date): _____

Month, Day, Year

4. Registered Agent's Name and Registered Office Address:

Registered Agent: Dan

First Name

C

Middle Initial

Cole

Last Name

Registered Office: 191 N. Wacker Drive(P.O. Box alone or c/o
is unacceptable.)

Number

Street

2300

Suite #

Chicago

City

IL60606

ZIP Code

5. Purpose(s) for which the Limited Liability Company is organized:

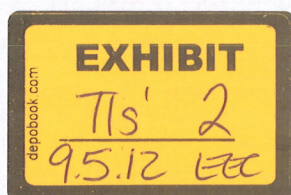
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act.

(LLCs organized to provide professional services must list the address(es) from which those services will be rendered if different from item 2. If more space is needed, use additional sheets of this size.)

6. Latest date, if any, upon which the company is to dissolve: _____

(Leave blank if duration is perpetual.)

Month, Day, Year



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LLC-5.5

7. (Optional) Other provisions for the regulation of the internal affairs of the Company: (If more space is needed, attach additional sheets of this size.) _____
- _____
- _____
- _____

8. The Limited Liability Company: (Check either a or b below.)

a. ☐ Is managed by the manager(s) (List names and business addresses.)

b. ☒ has management vested in the member(s) (List names and business addresses.)

Dylan Bates

790 Remington Blvd

Bolingbrook, IL 60440

9. Name and Address of Organizer(s)

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated September 2, 2010

Month & Day Year

1. Andrew D. Magda

Signature

Andrew D. Magda

Name (type or print)

Name if a Corporation or other Entity, and Title of Signer

2. _____

Signature

Name (type or print)

Name if a Corporation or other Entity, and Title of Signer

1. 191 N. Wacker Drive Suite 2300

Number Street

Chicago

City/Town

IL 60606

State

ZIP Code

2. _____

Number Street

City/Town

State

ZIP Code

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.